Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD **Application or Docket Number** Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) **FOR NUMBER EXTRA** NUMBER FILED RATE FEE FEE RATE **BASIC FEE** (37 CFR 1.16(a)) OR **TOTAL CLAIMS** (37 CFR 1.16(c)) X \$ minus 20 =X \$ OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 =X \$ OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL OR \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 3) **SMALL ENTITY** (Column 2) (Column 1) **SMALL ENTITY CLAIMS** HIGHEST PRESENT **REMAINING** NUMBER RATE ADDI-**RATE** ADDI-**AMENDMENT EXTRA AFTER PREVIOUSLY** TIONAL TIONAL **PAID FOR AMENDMENT** FEE FEE = Total Minus (37 CFR 1.16(c)) X \$\_ OR Independent = Minus (37 CFR 1.16(b)) X \$ = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 3) (Column 2) **CLAIMS HIGHEST PRESENT** REMAINING NUMBER **RATE** ADDI-RATE ADDI-MENDMENT **EXTRA AFTER PREVIOUSLY TIONAL TIONAL AMENDMENT PAID FOR FEE** FEE Total Minus = (37 CFR 1.16(c)) X \$\_ OR X \$\_ = Independent Minus (37 CFR 1.16(b)) X \$\_ OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR +\$ +\$ **TOTAL TOTAL** ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST **PRESENT** RATE ADDI-REMAINING NUMBER ADDI-RATE **EXTRA AMENDMENT TIONAL PREVIOUSLY AFTER** TIONAL **AMENDMENT** FEE PAID FOR FEE = Total Minus (37 CFR 1.16(c)) X \$\_ X \$\_ OR \*\*\* = Independent Minus (37 CFR 1.16(b)) OR

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

+ \$

TOTAL **ADD'L FEE**  OR

OR

+ \$

TOTAL

ADD'L FEE

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".